

**TOWN OF NORTH ANDOVER**  
**Office of COMMUNITY DEVELOPMENT AND SERVICES**  
**HEALTH DEPARTMENT**  
**1600 OSGOOD STREET; SUITE 2035**  
**NORTH ANDOVER, MASSACHUSETTS 01845**

Susan Y. Sawyer, REHS/RS  
Public Health Director



Phone: 978.688.9540

Fax: 978.688.8476

E-mail: [healthdept@townofnorthandover.com](mailto:healthdept@townofnorthandover.com)

**APPLICATION FOR DUMPSTER PERMIT**

*PURSUANT TO SECTION 31A AND 31B OF CHAPTER III  
OF THE GENERAL LAWS, AND RULES AND REGULATIONS OF THE  
NORTH ANDOVER BOARD OF HEALTH*

DATE:

Application is hereby made for a permit to maintain a dumpster(s) on property located at

\_\_\_\_\_

in accordance with the rules and regulations of the Board of Health.

**Applicant:**\_\_\_\_\_

**Property Owner:**\_\_\_\_\_

**Name of Contact:** \_\_\_\_\_

**Owners Address:**\_\_\_\_\_

**Address:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Owners Phone #:**\_\_\_\_\_

**Telephone#:**\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Federal ID or SS#:**\_\_\_\_\_

**Dumpster Company:**\_\_\_\_\_

**Telephone#:**\_\_\_\_\_

**Pick-Up Schedule:**\_\_\_\_\_

**On the back of this form, please sketch an outline of property, showing the proposed location of the dumpster(s). Give distance from dumpster to other buildings and lot lines or boundaries.**

**Annual Dumpster Permit Fee: \$60.00 per establishment**

**Payable to: Town of North Andover. LATE FEE AFTER JANUARY 1<sup>st</sup> WILL BE DOUBLED - \$120.00**

\*Please note that all contact information and the associated fee is required upon application submittal.